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ABSTRACT

This document describes the National Education Health Standards, which are based on numerous documents and the experience of various other education standards development groups. The goal of the standards was to develop for schools what would be a framework for "world class" health education. The standards are a framework for schools to use in creating an instructional program that will enable their students to become healthy and capable of academic success. Standards are arranged by standard and by grade (K-12) with content and performance indicators for each level. The document is divided into five major sections covering: (1) education reform and the rationale for health education; (2) the National Education Health Standards, detailing what students should know and be able to do in health education; (3) Opportunity-to-Learn Standards, outlining the kinds of support that need to be in place at local, state, and national levels for students to achieve National Health Education Standards; (4) the key concepts and processes used in developing the standards; and (5) conclusions and recommendations regarding the seven components of the standards that would lead to health literacy. Six attachments provide: a list of members of the joint committee; a timeline of events; an essay on making time in the school day for health instruction; joint statement on education and health from the Secretaries of Education and Health and Human Services; a glossary of terms; and a reference list of key documents. (ND)

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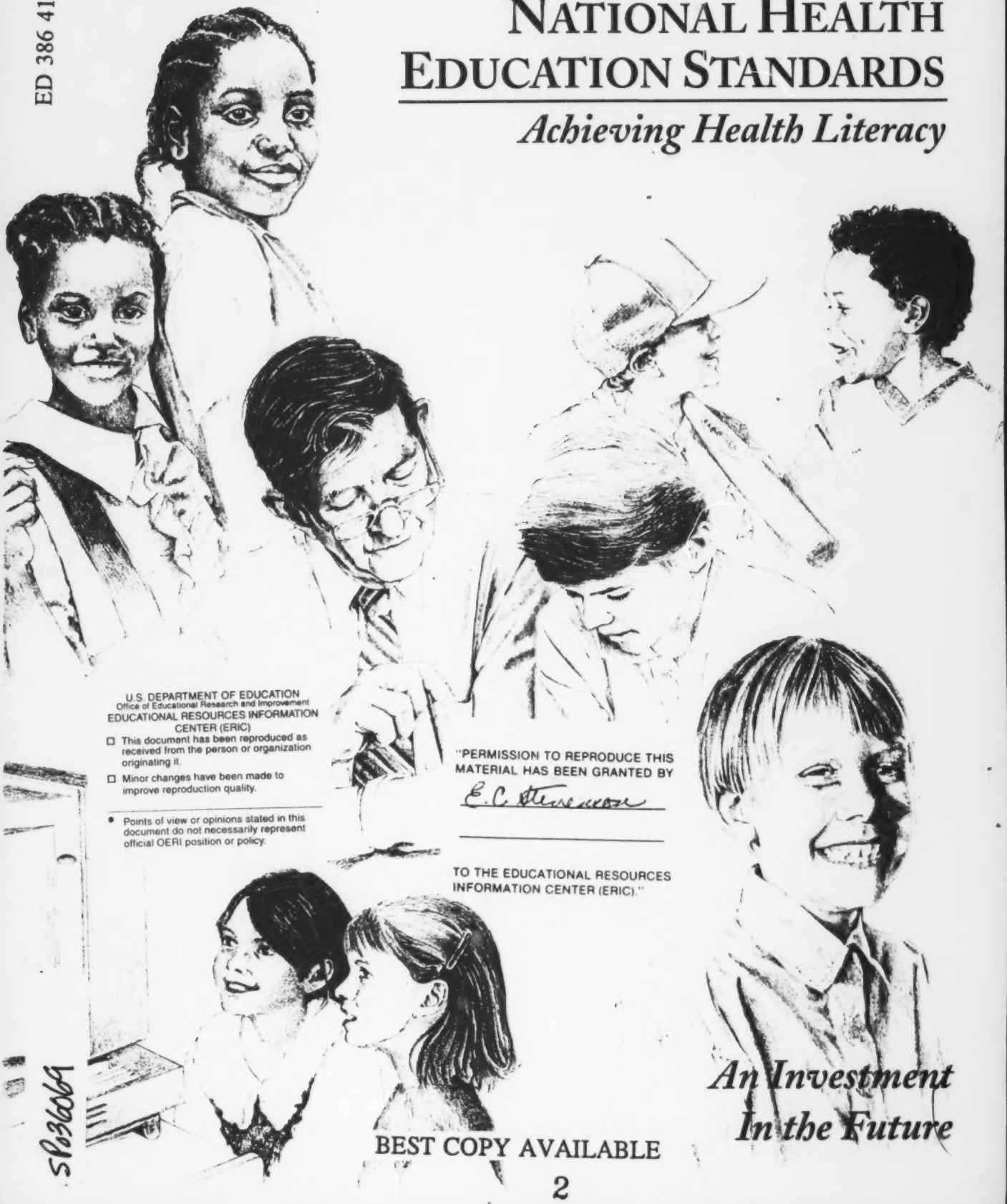
ED 386 418

NATIONAL HEALTH EDUCATION STANDARDS

Achieving Health Literacy



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An Investment In the Future

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Students who are hungry, sick, troubled or depressed cannot function well in the classroom, no matter how good the school.

Carnegie Council on Adolescent Development, 1989

For the first time in the history of this country, young people are less *healthy and* less *prepared to take their places in society than were their parents.*

National Commission on the Role of the School and the Community in Improving Adolescent Health/National Association of State Boards of Education and the American Medical Association, 1990

No knowledge is more crucial than knowledge about health. Without it, no other life goal can be successfully achieved.

The Carnegie Foundation Report on Secondary Education in America

Comprehensive school health programs offer the opportunity for us to provide the services and knowledge necessary to enable children to be productive learners and to develop the skills to make health decisions for the rest of their lives.

National School Board Association

In the larger context, schools are society's vehicle for providing young people with the tools for successful adulthood. Perhaps no tool is more essential than good health.

Council of Chief State School Officers

The health of the people is really the foundation upon which all their happiness and all their powers depend.

Benjamin Disraeli, English Statesman

The health of nations is more important than the wealth of nations.

Will Durant, 20th Century Philosopher and Pulitzer Prize Winner

NATIONAL HEALTH EDUCATION STANDARDS

Developed by the Joint Committee on National Health Education Standards

Association for the Advancement of **Health Education**

American School Health Association

APHA
American Public Health Association

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"This represents the work of the Joint Committee on National Health Education Standards. Copies of *National Helath Education Standards: Achieving Health Literacy* can be obtained through the American School Health Association, Association for the Advancement of Health Education or the American Cancer Society."

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At The Walt Disney Company, children have been our top priority for more than 70 years. That is why we are especially pleased to support the National Health Education Standards. To Disney—and to me personally—these standards represent a vital first step. For America and her children, they come not a moment too soon.

Michael D. Eisner, Chairman and CEO
The Walt Disney Company

OVERVIEW

The heart of this document lies in the National Health Education Standards that were developed over the past two years with input solicited from thousands of reviewers including professionals in health, education, parents, and community members. Carefully crafted to reflect the state-of-the-art in school health education, these Standards draw from numerous documents and the experience of various other education standards development groups. The goal: to develop for schools what would be a framework for "world class" health education in this country. Simply, these Standards are a framework for schools to use to create an instructional program that will enable their students to become healthy and capable of academic success.

The document begins with a section titled ***A Time for Excellence in Education***—a brief description of the significant education reform that is helping our schools develop into the quality learning centers they need to be. This section touches on both education reform and the rationale for health education as a significant part of any education reform initiative.

Following this section, are the:

• ***National Health Education Standards*** detail what students should know and be able to do in health education.

• ***Opportunity-to-Learn Standards*** describe the kinds of support that need to be in place at local, state, and national levels for students to achieve the National Health Education Standards.

The next section ***Process and Premises for Developing Standards*** describes key concepts used in developing the standards. This section also includes the process and timeline for development and carefully spells out the assumptions underpinning the Standards.

The ***Conclusions and Recommendations*** section of this document acknowledges that work is yet to be done to move the Standards from paper to the classroom and provides specific recommendations for future efforts. The Attachments section of this document includes a selected group of key materials for reference.

A TIME FOR EXCELLENCE IN EDUCATION

Education reform is making great strides in helping schools, parents, and communities envision new strategies and the highest possible academic goals for this country's students. In large part, education reform is driven by the concerns of government and business leaders for the future of the country in a technologic world economy. Parents and community members concur, calling for education reform that will enable students to become responsible members of their families and communities. It is agreed that essential preparation for success in work, family, and community settings includes acquisition of problem-solving, decision-making, critical-thinking, communication, literacy, and numerical skills. Future workers and members of society need the ability to apply knowledge from multiple sources and to work cooperatively.

Health: A Key Part in Building a Solid Future

Educational excellence in the traditional content areas may not be sufficient to secure the future competitiveness of the country. Such a narrow focus ignores poor health status as a major threat to this nation's ability to compete economically. Alcohol, tobacco, and other drug use; low levels of physical fitness; poor nutrition; injuries; and stress contribute to lowered health status and result in loss of work or school time.

Health education in schools is essential to enable students to acquire the knowledge and skills to promote health. Students who have health knowledge and skills have better health status and contribute to the nation's economic competitiveness by:

- working more effectively;
- missing fewer days from work due to injury and illness;
- using fewer medical services due to prevention or delayed onset of disease; and
- reducing use of health insurance benefits.

> *It is the growing belief that any future advances made in improving the nation's health will not result from spectacular biomedical breakthroughs. Rather, advances will result from personally initiated actions that are directly influenced by the individual's health-related attitudes, beliefs, and knowledge. School health education can make a valuable contribution in areas such as these and can play an important role in improving the quality of living.*
>
> ***—American Medical Association***

Productivity will increase and business costs will decrease as a result of a workforce whose members know how to be and stay healthy. In addition, health knowledge and skills applied by individuals within the context of families and communities, ensure a better quality of life. Students who gain health knowledge and skills in school are contributing members of society and important to economic competitiveness.

Health Education: A Recognized Need

The long-term results of poor health in this country are critical—parents, students, and administrators all recognize the need for health education in today's schools. A 1993 Gallup Survey funded by the American Cancer Society documented this high value of health education. A series of questions about health education was posed to a nationally representative sample of parents, school administrators, and adolescents. Major findings were:

- Nearly nine in ten adolescents feel health information and skills are of equal or greater importance compared to other subjects taught in school.
- More than four in five parents of adolescents (82%) feel health education is either more important than or as important as other subjects taught in school.
- Parents clearly support teaching problem-solving, decision-making, and other health-related skills in schools.
- Administrators view health education as being of equal to or of greater importance than other things adolescents are taught in school and believe that students need to be taught **more** health information and skills in school.

From these findings, the Executive Vice President of the American Cancer Society, John Seffrin, PhD, concluded: "The results of this Gallup poll should render moot any protestations that we don't have the time or support to teach comprehensive school health education. The change in public attitude tells us the time is right to push ahead in this area, to take up leadership that is necessary to bring better health to all Americans."

NATIONAL HEALTH EDUCATION STANDARDS

An Introduction to Student Standards

Why National Health Education Standards?

In this era of education reform, National Health Education Standards are critical to the healthy development of children and youth. National Health Education Standards improve student learning across the nation by providing a foundation for curriculum development, instruction, and assessment of student performance. National Health Education Standards provide a guide for enhancing preparation and continuing education of teachers. The goal of National Health Education Standards is improved educational achievement for students and improved health in the United States. Standards in health education help students achieve the education goals set in America 2000: An Educational Strategy and the health goals in Healthy People 2000: National Health Promotion and Disease Prevention Objectives.

> *At my other school, teachers didn't discuss it. It wasn't discussed. It wasn't something anyone really talked about even though it was really widely known that the vast majority of every grade drank on weekends.*
>
> ***—High school girl, age 17***

Health Literacy

Health literacy is the capacity of individuals to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which enhance health. This defines the desired outcome of the National Health Education Standards Project and of quality health education programs wherever they exist. The Standards were crafted by applying the characteristics of a well-educated, literate person within the context of health. Four characteristics were identified as being essential to health literacy. The health literate person is:

- a critical thinker and problem solver
- a responsible, productive citizen
- a self-directed learner
- an effective communicator

Critical Thinker and Problem Solver

Health-literate individuals are critical thinkers and problem solvers who identify and creatively address health problems and issues at multiple levels, ranging from personal to international. They utilize a variety of sources to access the current, credible, and applicable information required to make sound health-related decisions. Furthermore, they understand and apply principles of creative thinking along with models of decision making and goal setting in a health promotion context.

Health literacy is the capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which are health-enhancing.

Responsible, Productive Citizen

Health-literate individuals are responsible, productive citizens who realize their obligation to ensure that their community is kept healthy, safe, and secure so that all citizens can experience a high quality of life. They also realize that this obligation begins with self. That is, they are responsible individuals who avoid behaviors which pose a health or safety threat to themselves and/or others or an undue burden on society. Finally, they apply democratic and organizational principles in collaboration with others to maintain and improve individual, family, and community health.

Self-Directed Learner

Health-literate individuals are self-directed learners who have a command of the dynamic health promotion and disease prevention knowledge base. They use literacy, numerical skills, and critical thinking skills to gather, analyze, and apply health information as their needs and priorities change throughout life. They also apply interpersonal and social skills in relationships to learn about and from others and, as a consequence, grow and mature toward high-level health status.

Effective Communicator

Health-literate individuals are effective communicators who organize and convey beliefs, ideas, and information about health through oral, written, artistic, graphic and technologic mediums. They create a climate of understanding and concern for others by listening carefully, responding thoughtfully, and presenting a supportive demeanor which encourages others to express themselves. They conscientiously advocate for positions, policies, and programs that are in the best interest of society and intended to enhance personal, family, and community health.

The four essential characteristics of health-literate individuals are woven throughout the National Health Education Standards.

National Health Education Standards

1. Students will comprehend concepts related to health promotion and disease prevention.

2. Students will demonstrate the ability to access valid health information and health-promoting products and services.

3. Student will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.

4. Students will analyze the influence of culture, media, technology, and other factors on health.

5. Students will demonstrate the ability to use interpersonal communication skills to enhance health.

6. Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.

7. Students will demonstrate the ability to advocate for personal, family, and community health.

A Closer Look at the Standards

The National Health Education Standards for students are composed of three distinct components:

- Health Education Standards
- Rationale Statement for each standard
- Performance Indicators to be attained by the end of grades 4, 8, and 11

Health Education Standards

National Health Education Standards offer a coherent vision of what it means to be health literate. These Standards describe the knowledge and skills essential to the development of health literacy. That "knowledge" includes the most important and enduring ideas, issues, and concepts related to achieving good health. Those "skills" include the ways of communicating, reasoning, and investigating which characterize a health-literate person. National Standards are not a federal mandate nor do they define a national curriculum. The Standards are intended to serve as a framework for organizing health knowledge and skills into curricula at the state and local levels.

> *Clearly no knowledge is more crucial than knowledge about health. Without it, no other life goal can be successfully achieved.*
>
> ***—National School Boards Association***

National Standards give direction for moving toward excellence in teaching health education. Teachers and policy-makers can use the National Health Education Standards to design curricula, to allocate instructional resources, and to provide a basis for assessing student achievement and progress. Toward this end, National Standards identify knowledge and skills that can be assessed. They furnish guidance to all who are interested in improving health instruction, including local school districts, teachers, universities, state education agencies and health agencies, parents, communities, and national organizations. Although the Standards identify what knowledge and skills students should know and be able to achieve, they leave precisely how this is to be accomplished to teachers and curriculum specialists who formulate curricula. The Standards are broad and flexible to accommodate the strengths and needs of students, families, and local communities.

For students, National Health Education Standards clarify what is expected. Demonstrating achievement of health education knowledge and skills provides students with personal satisfaction and a sense of accomplishment. Students leave school having developed health-enhancing skills that are essential for success in today's workplace and communities. National Standards also benefit family members and communities by providing concrete information about what is expected of students.

Rationale Statements

A rationale statement is provided for each National Health Education Standard. The rationale is intended to provide clarity and enable teachers, curriculum designers, and policy-makers to understand the intent of each Standard. The rationale statements explain the importance of each standard and link the standards to the four characteristics of a health-literate person.

Performance Indicators

Performance Indicators are provided for each of the National Health Education Standards. Performance Indicators are a series of specific concepts and skills students should know and be able to do by the end of grades 4, 8, and 11. They are intended to help educators focus on the skills most essential to the development of health-literate students. Performance Indicators also are intended to serve as a blueprint for organizing student assessment. In addition, the four central themes of Critical Thinker and Problem Solver, Responsible, Productive Citizen, Self-Directed Learner, and Effective Communicator also are reflected in the Performance Indicators. Each Performance Indicator is introduced by the stem: "As a result of health instruction in grades...students will:", followed by statements which indicate the cognitive level and the specified knowledge and skills which should be attained. All levels of learning are incorporated into the performance indicators.

Understanding "Knowledge" and "Skills" within the Standards

Two types of knowledge are included in the National Health Education Standards. The first is knowledge of health content. This type of knowledge is implied throughout the Health Education Standards but is embodied primarily in Standard 1, related to comprehension of health promotion and disease prevention and

Standard 3, related to the ability to practice health-enhancing behaviors and reduce health risks.

The second type of knowledge is knowledge of process and skills as applied to health and healthful living. This too is implied throughout the Health Education Standards but is embodied primarily in Standard 2, related to the ability to access valid health information; Standard 4, related to the impact of culture, media, technology, and other factors on health; Standard 5, related to goal setting and decision making; Standard 6, related to interpersonal communication skills; and Standard 7, related to health advocacy.

> *Skin cancer can be prevented—I think. We haven't really discussed that in school.*
>
> ***—Middle school girl, age 13***

Traditionally, the health education curriculum has been organized around health content or topic areas. More recently it has been suggested that the health curriculum be organized around the six risk behaviors identified by the US Centers for Disease Control and Prevention. While the object of the National Health Education Standards initiative is to provide a framework from which curriculum can be developed, the health topics included in the curriculum will be derived from both the traditional health education content areas and risk behaviors as state education agencies and local education agencies choose the topics that meet the needs of children and youth in their communities. This approach allows the National Health Education Standards to remain relevant over time and enables state and local health agencies to determine the curriculum content. Tables 1 and 2 show the relationship between the National Health Education Standards and health content areas and risk behaviors. The Joint Committee for National Health Education Standards strongly supports the need for local education agencies to use a wide variety of health topics in meeting the learning needs of their students. Table 2 demonstrates the diversity of topical approaches that could be used to help students attain each of the content standards.

Table 1

RELATIONSHIP OF THE HEALTH EDUCATION CONTENT AREAS AND ADOLESCENT RISK BEHAVIORS TO THE NATIONAL HEALTH EDUCATION STANDARDS

HEALTH EDUCATION CONTENT AREAS	NATIONAL HEALTH EDUCATION STANDARDS	CENTERS FOR DISEASE CONTROL AND PREVENTION ADOLESCENT RISK BEHAVIORS
Community Health	Students will comprehend concepts related to health promotion and disease prevention.	Tobacco use
Consumer Health	Students will demonstrate the ability to access valid health information and health-promoting products and services.	Dietary patterns contribute to disease
Environmental Health		Sedentary lifestyle
Family Life	Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.	Sexual behaviors that result in HIV infection/other STDs and unintended pregnancy
Mental and Emotional Health		Alcohol and other drug use
Injury Prevention and Safety	Students will analyze the influence of culture, media, technology, and other factors on health.	Behaviors that result in intentional and unintentional injury
Nutrition	Students will demonstrate the ability to use interpersonal communication skills to enhance health.	
Personal Health	Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.	
Prevention and Control of Disease	Students will demonstrate the ability to advocate for personal, family, and community health.	
Substance Use and Abuse		

Table 2

RELATIONSHIP OF THE HEALTH EDUCATION CONTENT AREAS AND ADOLESCENT RISK BEHAVIORS TO THE NATIONAL HEALTH EDUCATION STANDARDS

	Sample Topics for Curriculum Development		
Content Standards	**4th Grade**	**8th Grade**	**11th Grade**
1. Students will comprehend concepts related to health promotion and disease prevention.	**CH, EH, FLE, PCD, PH, INJ, GD, NUT, NH, CM, FIT, TOB, SUA, ALC, EMH**	**FLE, GD, PCD, PH, CH, EH, S, INJ, ALC, NUT, NH, CM, FIT, TOB, SUA, EMH**	**GD, PH, PCD, NUT, FIT, TOB, ALC, S, INJ, NH, CH, EH, CLE, CM, SUA, EMH**
2. Students will demonstrate the ability to access valid health information and health-promoting products and services.	CH, CM, FLE, PH, EH, PCD, INJ, GD, ALC, NUT, FIT, TOB, SUA, NH, EMH	CH, CM, PH, EH, FLE, PCD, INJ, GD, ALC, S, NUT, FIT, TOB, SUA, NH, EMH	CH, CM, PH, EH, FLE, PCD, INJ, GD, ALC, S, NUT, FIT, TOB, SUA, NH, EMH
3. Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.	**FLE, GD, NH, PCD, PH, SUA, EMH, NUT, FIT, TOB, ALC, S, INJ, CH**	**FLE, GD, NH, PCD, PH, SUA, EMH, NUT, FIT, TOB, ALC, S, INJ, CH**	**CM, FLE, GD, NH, PCD, PH, SUA, EMH, NUT, FIT, TOB, ALC, S, INJ, CH, EH**
4. Students will analyze the influence of culture, media, technology, and other factors on health.	CH, CM, FLE, PH, EH, PCD, INJ, GD, ALC, S, NUT, NH, FIT, TOB, SUA, EMH	CH, CM, FLE, PH, EH, PCD, INJ, GD, ALC, S, NUT, NH, FIT, TOB, SUA, EMH	CH, CM, FLE, PH, EH, PCD, INJ, GD, ALC, S, NUT, NH, FIT, TOB, SUA, EMH
5. Students will demonstrate the ability to use interpersonal communication skills to enhance health.	**FLE, PH, TOB, ALC, INJ, CH, EH, PCD, GD, S, NUT, FIT, SUA, NH, EMH**	**FLE, PH, TOB, ALC, INJ, CH, EH, PCD, GD, S, NUT, FIT, SUA, NH, EMH**	**CM, FLE, GD, NH, PH, SUA, NUT, FIT, TOB, ALC, S, INJ, CH, EH, PCD, EMH**
6. Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.	FLE, GD, PH, INJ, ALC, TOB, SUA, EMH	CM, FLE, GD, PH, S, INJ, ALC, TOB, SUA, EMH	CM, FLE, GD, PH, S, INJ, ALC, TOB, SUA, EMH
7. Students will demonstrate the ability to advocate for personal, family, and community health.	**CM, EH, FLE, PH, INJ, CH, NH, NUT, FIT, TOB, SUA, ALC, GD, PCD, EMH**	**CM, FLE, PH, EH, S, INJ, CH, NH, NUT, FIT, TOB, SUA, ALC, GD, PCD, EMH**	**CM, EH, FLE, PCD, PH, INJ, CH, NH, NUT, FIT, TOB, SUA, ALC, GD, S, EMH**

KEY:
CH=Consumer Health EH=Environmental Health FLE=Family Life Education PCD=Prevention and Control of Disease PH=Personal Health INJ=Intentional and Unintentional Injury EMH=Emotional/Mental Health GD=Growth and Development ALC=Alcohol and Other Drugs S=Sexuality NUT=Nutrition CM=Community Health FIT=Fitness TOB=Tobacco SUA=Substance Use and Abuse NH=Nutritional Health

NATIONAL HEALTH EDUCATION STANDARDS

For Students

Organized by Standards

HEALTH EDUCATION STANDARD 1:

Students will comprehend concepts related to health promotion and disease prevention.

Rationale

Basic to health education is a foundation of knowledge about the interrelationship of behavior and health, interactions within the human body, and the prevention of diseases and other health problems. Experiencing physical, mental, emotional, and social changes as one grows and develops, provides a self-contained "learning laboratory." Comprehension of health-promotion strategies and disease prevention concepts enables students to become health-literate, self-directed learners which establishes a foundation for leading healthy and productive lives.

PERFORMANCE INDICATORS

As a result of health instruction in Grades K-4, students will:

1. describe relationships between personal health behaviors and individual well being.
2. identify indicators of mental, emotional, social, and physical health during childhood.
3. describe the basic structure and functions of the human body systems.
4. describe how the family influences personal health.
5. describe how physical, social, and emotional environments influence personal health.
6. identify common health problems of children.
7. identify health problems that should be detected and treated early.
8. explain how childhood injuries and illnesses can be prevented or treated.

As a result of health instruction in Grades 5-8, students will:

1. explain the relationship between positive health behaviors and the prevention of injury, illness, disease, and premature death.
2. describe the interrelationship of mental, emotional, social, and physical health during adolescence.
3. explain how health is influenced by the interaction of body systems.
4. describe how family and peers influence the health of adolescents.
5. analyze how environment and personal health are interrelated.
6. describe ways to reduce risks related to adolescent health problems.
7. explain how appropriate health care can prevent premature death and disability.
8. describe how lifestyle, pathogens, family history, and other risk factors are related to the cause or prevention of disease and other health problems.

As a result of health instruction in Grades 9-11, students will:

1. analyze how behavior can impact health maintenance and disease prevention.
2. describe the interrelationships of mental, emotional, social, and physical health throughout adulthood.
3. explain the impact of personal health behaviors on the functioning of body systems.
4. analyze how the family, peers, and community influence the health of individuals.
5. analyze how the environment influences the health of the community.
6. describe how to delay onset and reduce risks of potential health problems during adulthood.
7. analyze how public health policies and government regulations influence health promotion and disease prevention.
8. analyze how the prevention and control of health problems are influenced by research and medical advances.

HEALTH EDUCATION STANDARD 2:

Students will demonstrate the ability to access valid health information and health-promoting products and services.

Rationale

Accessing valid health information and health-promoting products and services is important in the prevention, early detection, and treatment of most health problems. Critical thinking involves the ability to identify valid health information and to analyze, select, and access health-promoting services and products. Applying skills of information analysis, organization, comparison, synthesis, and evaluation to health issues provides a foundation for individuals to move toward becoming health literate and responsible, productive citizens.

PERFORMANCE INDICATORS

As a result of health instruction in Grades K-4, students will:

1. identify characteristics of valid health information and health-promoting products and services.
2. demonstrate the ability to locate resources from home, school and community that provide valid health information.
3. explain how media influences the selection of health information, products, and services.
4. demonstrate the ability to locate school and community health helpers.

As a result of health instruction in Grades 5-8, students will:

1. analyze the validity of health information, products, and services.
2. demonstrate the ability to utilize resources from home, school, and community that provide valid health information.
3. analyze how media influences the selection of health information and products.
4. demonstrate the ability to locate health products and services.
5. compare the costs and validity of health products.
6. describe situations requiring professional health services.

As a result of health instruction in Grades 9-11, students will:

1. evaluate the validity of health information, products, and services.
2. demonstrate the ability to evaluate resources from home, school, and community that provide valid health information.
3. evaluate factors that influence personal selection of health products and services.
4. demonstrate the ability to access school and community health services for self and others.
5. analyze the cost and accessibility of health care services.
6. analyze situations requiring professional health services.

HEALTH EDUCATION STANDARD 3:
Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.

Rationale

Research confirms that many diseases and injuries can be prevented by reducing harmful and risk-taking behaviors. More importantly, recognizing and practicing health-enhancing behaviors can contribute to a positive quality of life. Strategies used to maintain and improve positive health behaviors will utilize knowledge and skills that help students become critical thinkers and problem solvers. By accepting responsibility for personal health, students will have a foundation for living a healthy, productive life.

PERFORMANCE INDICATORS

As a result of health instruction in Grades K-4, students will:

1. identify responsible health behaviors.
2. identify personal health needs.
3. compare behaviors that are safe to those that are risky or harmful.
4. demonstrate strategies to improve or maintain personal health.
5. develop injury prevention and management strategies for personal health.
6. demonstrate ways to avoid and reduce threatening situations.
7. apply skills to manage stress.

As a result of health instruction in Grades 5-8, students will:

1. explain the importance of assuming responsibility for personal health behaviors.
2. analyze a personal health assessment to determine health strengths and risks.
3. distinguish between safe and risky or harmful behaviors in relationships.
4. demonstrate strategies to improve or maintain personal and family health.
5. develop injury prevention and management strategies for personal and family health.
6. demonstrate ways to avoid and reduce threatening situations.
7. demonstrate strategies to manage stress.

As a result of health instruction in Grades 9-11, students will:

1. analyze the role of individual responsibility for enhancing health.
2. evaluate a personal health assessment to determine strategies for health enhancement and risk reduction.
3. analyze the short-term and long-term consequences of safe, risky and harmful behaviors.
4. develop strategies to improve or maintain personal, family and community health.
5. develop injury prevention and management strategies for personal, family, and community health.
6. demonstrate ways to avoid and reduce threatening situations.
7. evaluate strategies to manage stress.

HEALTH EDUCATION STANDARD 4:

Students will analyze the influence of culture, media, technology, and other factors on health.

Rationale

Health is influenced by a variety of factors that co-exist within society. These include the cultural context as well as media and technology. A critical thinker and problem solver is able to analyze, evaluate, and interpret the influence of these factors on health. The health-literate, responsible, and productive citizen draws upon the contributions of culture, media, technology, and other factors to strengthen individual, family and community health.

PERFORMANCE INDICATORS

As a result of health instruction in Grades K-4, students will:

1. describe how culture influences personal health behaviors.
2. explain how media influences thoughts, feelings, and health behaviors.
3. describe ways technology can influence personal health.
4. explain how information from school and family influences health.

As a result of health instruction in Grades 5-8, students will:

1. describe the influence of cultural beliefs on health behaviors and the use of health services.
2. analyze how messages from media and other sources influence health behaviors.
3. analyze the influence of technology on personal and family health.
4. analyze how information from peers influences health.

As a result of health instruction in Grades 9-11, students will:

1. analyze how cultural diversity enriches and challenges health behaviors.
2. evaluate the effect of media and other factors on personal, family, and community health.
3. evaluate the impact of technology on personal, family, and community health.
4. analyze how information from the community influences health.

HEALTH EDUCATION STANDARD 5:

Students will demonstrate the ability to use interpersonal communication skills to enhance health.

Rationale

Personal, family, and community health are enhanced through effective communication. A responsible individual will use verbal and non-verbal skills in developing and maintaining healthy personal relationships. Ability to organize and to convey information, beliefs, opinions, and feelings are skills which strengthen interactions and can reduce or avoid conflict. When communicating, individuals who are health literate demonstrate care, consideration, and respect of self and others.

PERFORMANCE INDICATORS

As a result of health instruction in Grades K-4, students will:

1. distinguish between verbal and non-verbal communication.
2. describe characteristics needed to be a responsible friend and family member.
3. demonstrate healthy ways to express needs, wants, and feelings.
4. demonstrate ways to communicate care, consideration, and respect of self and others.
5. demonstrate attentive listening skills to build and maintain healthy relationships.
6. demonstrate refusal skills to enhance health.
7. differentiate between negative and positive behaviors used in conflict situations.
8. demonstrate non-violent strategies to resolve conflicts.

As a result of health instruction in Grades 5-8, students will:

1. demonstrate effective verbal and non-verbal communication skills to enhance health.
2. describe how the behavior of family and peers affects interpersonal communication.
3. demonstrate healthy ways to express needs, wants and feelings.
4. demonstrate ways to communicate care, consideration, and respect of self and others.
5. demonstrate communication skills to build and maintain healthy relationships.
6. demonstrate refusal and negotiation skills to enhance health.
7. analyze the possible causes of conflict among youth in schools and communities.
8. demonstrate strategies to manage conflict in healthy ways.

As a result of health instruction in Grades 9-11, students will:

1. demonstrate skills for communicating effectively with family, peers, and others.
2. analyze how interpersonal communication affects relationships.
3. demonstrate healthy ways to express needs, wants, and feelings.
4. demonstrate ways to communicate care, consideration, and respect of self and others.
5. demonstrate strategies for solving interpersonal conflicts without harming self or others.
6. demonstrate refusal, negotiation, and collaboration skills to avoid potentially harmful situations.
7. analyze the possible causes of conflict in schools, families, and communities.
8. demonstrate strategies used to prevent conflict.

HEALTH EDUCATION STANDARD 6:

Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.

Rationale

Decision making and goal setting are essential lifelong skills needed in order to implement and sustain health-enhancing behaviors. These skills make it possible for individuals to transfer health knowledge into healthy lifestyles. When applied to health issues, decision-making, and goal-setting skills will enable individuals to collaborate with others to improve the quality of life in their families, schools and communities.

PERFORMANCE INDICATORS

As a result of health instruction in Grades K-4, students will:

1. demonstrate the ability to apply a decision-making process to health issues and problems.
2. explain when to ask for assistance in making health-related decisions and setting health goals.
3. predict outcomes of positive health decisions.
4. set a personal health goal and track progress toward its achievement.

As a result of health instruction in Grades 5-8, students will:

1. demonstrate the ability to apply a decision-making process to health issues and problems individually and collaboratively.
2. analyze how health-related decisions are influenced by individuals, family, and community values.
3. predict how decisions regarding health behaviors have consequences for self and others.
4. apply strategies and skills needed to attain personal health goals.
5. describe how personal health goals are influenced by changing information, abilities, priorities, and responsibilities.
6. develop a plan that addresses personal strengths, needs, and health risks.

As a result of health instruction in Grades 9-11, students will:

1. demonstrate the ability to utilize various strategies when making decisions related to health needs and risks of young adults.
2. analyze health concerns that require collaborative decision making.
3. predict immediate and long-term impact of health decisions on the individual, family, and community.
4. implement a plan for attaining a personal health goal.
5. evaluate progress toward achieving personal health goals.
6. formulate an effective plan for lifelong health.

HEALTH EDUCATION STANDARD 7:

Students will demonstrate the ability to advocate for personal, family, and community health.

Rationale

Quality of life is dependent on an environment that protects and promotes the health of individuals, families, and communities. Responsible citizens, who are health literate, are characterized by advocating and communicating for positive health in their communities. A variety of health advocacy skills are critical to these activities.

PERFORMANCE INDICATORS

As a result of health instruction in Grades K-4, students will:

1. describe a variety of methods to convey accurate health information and ideas.
2. express information and opinions about health issues.
3. identify community agencies that advocate for healthy individuals, families, and communities.
4. demonstrate the ability to influence and support others in making positive health choices.

As a result of health instruction in Grades 5-8, students will:

1. analyze various communication methods to accurately express health information and ideas.
2. express information and opinions about health issues.
3. identify barriers to effective communication of information, ideas, feelings, and opinions about health issues.
4. demonstrate the ability to influence and support others in making positive health choices.
5. demonstrate the ability to work cooperatively when advocating for healthy individuals, families, and schools.

As a result of health instruction in Grades 9-11, students will:

1. evaluate the effectiveness of communication methods for accurately expressing health information and ideas.
2. express information and opinions about health issues.
3. utilize strategies to overcome barriers when communicating information, ideas, feelings, and opinions about health issues.
4. demonstrate the ability to influence and support others in making positive health choices.
5. demonstrate the ability to work cooperatively when advocating for healthy communities.
6. demonstrate the ability to adapt health messages and communication techniques to the characteristics of a particular audience.

NATIONAL HEALTH EDUCATION STANDARDS

For Students

Organized by Grade

GRADES K-4

HEALTH EDUCATION STANDARD 1:
Students will comprehend concepts related to health promotion and disease prevention.

PERFORMANCE INDICATORS:
As a result of health instruction in Grades K-4, students will:

1. describe relationships between personal health behaviors and individual well being.
2. identify indicators of mental, emotional, social, and physical health during childhood.
3. describe the basic structure and functions of the human body systems.
4. describe how the family influences personal health.
5. describe how physical, social, and emotional environments influence personal health.
6. identify common health problems of children.
7. identify health problems that should be detected and treated early.
8. explain how childhood injuries and illnesses can be prevented or treated.

HEALTH EDUCATION STANDARD 2:
Students will demonstrate the ability to access valid health information and health-promoting products and services.

PERFORMANCE INDICATORS:
As a result of health instruction in Grades K-4, students will:

1. identify characteristics of valid health information and health-promoting products and services.
2. demonstrate the ability to locate resources from home, school, and community that provide valid health information.
3. explain how media influences the selection of health information, products, and services.
4. demonstrate the ability to locate school and community health helpers.

HEALTH EDUCATION STANDARD 3:
Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.

PERFORMANCE INDICATORS:
As a result of health instruction in Grades K-4, students will:

1. identify responsible health behaviors.
2. identify personal health needs.
3. compare behaviors that are safe to those that are risky or harmful.
4. demonstrate strategies to improve or maintain personal health.
5. develop injury prevention and management strategies for personal health.
6. demonstrate ways to avoid and reduce threatening situations.
7. apply skills to manage stress.

HEALTH EDUCATION STANDARD 4:
Students will analyze the influence of culture, media, technology, and other factors on health.

PERFORMANCE INDICATORS:
As a result of health instruction in Grades K-4, students will:

1. describe how culture influences personal health behaviors.
2. explain how media influences thoughts, feelings, and health behaviors.
3. describe ways technology can influence personal health.
4. explain how information from school and family influences health.

HEALTH EDUCATION STANDARD 5:
Students will demonstrate the ability to use interpersonal communication skills to enhance health.

PERFORMANCE INDICATORS:

As a result of health instruction in Grades K-4, students will:

1. distinguish between verbal and non-verbal communication.
2. describe characteristics needed to be a responsible friend and family member.
3. demonstrate healthy ways to express needs, wants, and feelings.
4. demonstrate ways to communicate care, consideration, and respect of self and others.
5. demonstrate attentive listening skills to build and maintain healthy relationships.
6. demonstrate refusal skills to enhance health.
7. differentiate between negative and positive behaviors used in conflict situations.
8. demonstrate non-violent strategies to resolve conflicts.

HEALTH EDUCATION STANDARD 6:
Students will demonstrate the ability to use goal setting and decision-making skills to enhance health.

PERFORMANCE INDICATORS:

As a result of health instruction in Grades K-4, students will:

1. demonstrate the ability to apply a decision-making process to health issues and problems.
2. explain when to ask for assistance in making health-related decisions and setting health goals.
3. predict outcomes of positive health decisions.
4. set a personal health goal and track progress toward its achievement.

HEALTH EDUCATION STANDARD 7:
Students will demonstrate the ability to advocate for personal, family, and community health.

PERFORMANCE INDICATORS:

As a result of health instruction in Grades K-4, students will:

1. describe a variety of methods to convey accurate health information and ideas.
2. express information and opinions about health issues.
3. identify community agencies that advocate for healthy individuals, families, and communities.
4. demonstrate the ability to influence and support others in making positive health choices.

GRADES 5-8

HEALTH EDUCATION STANDARD 1:
Students will comprehend concepts related to health promotion and disease prevention.

PERFORMANCE INDICATORS:
As a result of health instruction in Grades 5-8, students will:

1. explain the relationship between positive health behaviors and the prevention of injury, illness, disease, and premature death.
2. describe the interrelationship of mental, emotional, social, and physical health during adolescence.
3. explain how health is influenced by the interaction of body systems.
4. describe how family and peers influence the health of adolescents.
5. analyze how environment and personal health are interrelated.
6. describe ways to reduce risks related to adolescent health problems.
7. explain how appropriate health care can prevent premature death and disability.
8. describe how lifestyle, pathogens, family history, and other risk factors are related to the cause or prevention of disease and other health problems.

HEALTH EDUCATION STANDARD 2:
Students will demonstrate the ability to access valid health information and health-promoting products and services.

PERFORMANCE INDICATORS:
As a result of health instruction in Grades 5-8, students will:

1. analyze the validity of health information, products, and services.
2. demonstrate the ability to utilize resources from home, school, and community that provide valid health information.
3. analyze how media influences the selection of health information and products.
4. demonstrate the ability to locate health products and services.
5. compare the costs and validity of health products.
6. describe situations requiring professional health services.

HEALTH EDUCATION STANDARD 3:
Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.

PERFORMANCE INDICATORS:
As a result of health instruction in Grades 5-8, students will:

1. explain the importance of assuming responsibility for personal health behaviors.
2. analyze a personal health assessment to determine health strengths and risks.
3. distinguish between safe and risky or harmful behaviors in relationships.
4. demonstrate strategies to improve or maintain personal and family health.
5. develop injury prevention and management strategies for personal and family health.
6. demonstrate ways to avoid and reduce threatening situations.
7. demonstrate strategies to manage stress.

HEALTH EDUCATION STANDARD 4:
Students will analyze the influence of culture, media, technology, and other factors on health.

PERFORMANCE INDICATORS:

As a result of health instruction in Grades 5-8, students will:

1. describe the influence of cultural beliefs on health behaviors and the use of health services.
2. analyze how messages from media and other sources influence health behaviors.
3. analyze the influence of technology on personal and family health.
4. analyze how information from peers influences health.

HEALTH EDUCATION STANDARD 5:
Students will demonstrate the ability to use interpersonal communication skills to enhance health.

PERFORMANCE INDICATORS:

As a result of health instruction in Grades 5-8, students will:

1. demonstrate effective verbal and non-verbal communication skills to enhance health.
2. describe how the behavior of family and peers affects interpersonal communication.
3. demonstrate healthy ways to express needs, wants, and feelings.
4. demonstrate ways to communicate care, consideration, and respect of self and others.
5. demonstrate communication skills to build and maintain healthy relationships.
6. demonstrate refusal and negotiation skills to enhance health.
7. analyze the possible causes of conflict among youth in schools and communities.
8. demonstrate strategies to manage conflict in healthy ways.

HEALTH EDUCATION STANDARD 6:
Students will demonstrate the ability to use goal setting and decision-making skills to enhance health.

PERFORMANCE INDICATORS:

As a result of health instruction in Grades 5-8, students will:

1. demonstrate the ability to apply a decision-making process to health issues and problems individually and collaboratively.
2. analyze how health-related decisions are influenced by individuals, family, and community values.
3. predict how decisions regarding health behaviors have consequences for self and others.
4. apply strategies and skills needed to attain personal health goals.
5. describe how personal health goals are influenced by changing information, abilities, priorities, and responsibilities.
6. develop a plan that addresses personal strengths, needs, and health risks.

HEALTH EDUCATION STANDARD 7:
Students will demonstrate the ability to advocate for personal, family, and community health.

PERFORMANCE INDICATORS:

As a result of health instruction in Grades 5-8, students will:

1. analyze various communication methods to accurately express health information and ideas.
2. express information and opinions about health issues.
3. identify barriers to effective communication of information, ideas, feelings, and opinions about health issues.
4. demonstrate the ability to influence and support others in making positive health choices.
5. demonstrate the ability to work cooperatively when advocating for healthy individuals, families, and schools.

GRADES 9-11

HEALTH EDUCATION STANDARD 1:
Students will comprehend concepts related to health promotion and disease prevention.

PERFORMANCE INDICATORS:
As a result of health instruction in Grades 9-11, students will:

1. analyze how behavior can impact health maintenance and disease prevention.
2. describe the interrelationships of mental, emotional, social, and physical health throughout adulthood.
3. explain the impact of personal health behaviors on the functioning of body systems.
4. analyze how the family, peers, and community influence the health of individuals.
5. analyze how the environment influences the health of the community.
6. describe how to delay onset and reduce risks of potential health problems during adulthood.
7. analyze how public health policies and government regulations influence health promotion and disease prevention.
8. analyze how the prevention and control of health problems are influenced by research and medical advances.

HEALTH EDUCATION STANDARD 2:
Students will demonstrate the ability to access valid health information and health-promoting products and services.

PERFORMANCE INDICATORS:

As a result of health instruction in Grades 9-11, students will:

1. evaluate the validity of health information, products, and services.
2. demonstrate the ability to evaluate resources from home, school, and community that provide valid health information.
3. evaluate factors that influence personal selection of health products and services.
4. demonstrate the ability to access school and community health services for self and others.
5. analyze the cost and accessibility of health care services.
6. analyze situations requiring professional health services.

HEALTH EDUCATION STANDARD 3:
Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.

PERFORMANCE INDICATORS:

As a result of health instruction in Grades 9-11, students will:

1. analyze the role of individual responsibility for enhancing health.
2. evaluate a personal health assessment to determine strategies for health enhancement and risk reduction.
3. analyze the short-term and long-term consequences of safe, and risky or harmful behaviors.
4. develop strategies to improve or maintain personal, family, and community health.
5. develop injury prevention and management strategies for personal, family, and community health.
6. demonstrate ways to avoid and reduce threatening situations.
7. evaluate strategies to manage stress.

HEALTH EDUCATION STANDARD 4:
Students will analyze the influence of culture, media, technology, and other factors on health.

PERFORMANCE INDICATORS:
As a result of health instruction in Grades 9-11, students will:

1. analyze how cultural diversity enriches and challenges health behaviors.
2. evaluate the effect of media and other factors on personal, family, and community health.
3. evaluate the impact of technology on personal, family, and community health.
4. analyze how information from the community influences health.

HEALTH EDUCATION STANDARD 5:
Students will demonstrate the ability to use interpersonal communication skills to enhance health.

PERFORMANCE INDICATORS:
As a result of health instruction in Grades 9-11, students will:

1. demonstrate skills for communicating effectively with family, peers, and others.
2. analyze how interpersonal communication affects relationships.
3. demonstrate healthy ways to express needs, wants, and feelings.
4. demonstrate ways to communicate care, consideration, and respect of self and others.
5. demonstrate strategies for solving interpersonal conflicts without harming self or others.
6. demonstrate refusal, negotiation, and collaboration skills to avoid potentially harmful situations.
7. analyze the possible causes of conflict in schools, families, and communities.
8. demonstrate strategies used to prevent conflict.

HEALTH EDUCATION STANDARD 6:
Students will demonstrate the ability to use goal setting and decision-making skills to enhance health.

PERFORMANCE INDICATORS:

As a result of health instruction in Grades 9-11, students will:

1. demonstrate the ability to utilize various strategies when making decisions related to health needs and risks of young adults.
2. analyze health concerns that require collaborative decision making.
3. predict immediate and long-term impact of health decisions on the individual, family, and community.
4. implement a plan for attaining a personal health goal.
5. evaluate progress toward achieving personal health goals.
6. formulate an effective plan for lifelong health.

HEALTH EDUCATION STANDARD 7:
Students will demonstrate the ability to advocate for personal, family, and community health.

PERFORMANCE INDICATORS:

As a result of health instruction in Grades 9-11, students will:

1. evaluate the effectiveness of communication methods for accurately expressing health information and ideas.
2. express information and opinions about health issues.
3. utilize strategies to overcome barriers when communicating information, ideas, feelings, and opinions about health issues.
4. demonstrate the ability to influence and support others in making positive health choices.
5. demonstrate the ability to work cooperatively when advocating for healthy communities.
6. demonstrate the ability to adapt health messages and communication techniques to the characteristics of a particular audience.

An Introduction to Opportunity-to-Learn Standards

"Eighty-five percent of the problem of low-performance systems is not people, but structure and process. Students or educators are not the problem; it's the way we have structured the process of public education. Another way of saying it: 'Every organization is perfectly designed to get the results it gets.' If we don't like our education results, then obviously we need to change the learning organization. School and system delivery standards can give us a mechanism for continuous improvement."

(W. Edwards Deming (1994). Association for Supervision and Curriculum Development Yearbook, The Governance Curriculum.)

Deming's conclusion is directly applicable to the present system of health education delivery. Health education is sometimes criticized because health problems among children and youth are not eliminated after implementation of some health instruction. In reality, instruction that was planned is often not delivered or is not delivered in the way in which the curriculum was designed. Furthermore, it is common for health instruction to be provided in piecemeal rather than through a coordinated scope and sequence across multiple grade levels. In other words, the effectiveness of health education is compromised by deficiencies in the delivery system.

The Need for Opportunity-to Learn Standards

Over the past 30 years, attempts have been made to impact the health of children and youth through provision of comprehensive school health education. These efforts included research and needs assessments findings, recommendations by professional organizations and commissions, curriculum development and dissemination, and calls for action from organizations such as the American Medical Association and the American Cancer Society. Despite these efforts, widespread implementation of quality health education programs with the potential to enhance the health of children and youth has not become a reality in most schools. What has been missing in the past is a vigorous, coordinated, and sustained effort to support implementation of health education at the state and local levels.

While in actuality the impact of health education has proven to be considerable despite tremendous social and institutional obstacles, the fact remains that the system has never been fully funded

and implemented to effectively deliver a K-12 comprehensive health education curriculum to all children and youth. The promise of health education will be achieved for more children and youth as the learning organization continuously improves over the next 5-10 years. The Health Education Opportunity-to-Learn Standards will serve as a guide to that process.

Physicians can make a significant contribution to the health of the community by assuring that a planned sequential and comprehensive course of study in health education has been initiated in the public and, ideally, in private schools. Educators, health professionals and three presidential commissions have supported the need for health education as a necessary and distinct subject within the school curricula.

—American Academy of Pediatrics

The National Health Education Standards identify the knowledge and skills students should have to be health literate. For these standards to have a substantial impact on health literacy, action must be taken at the local, state, and national levels in support of the implementation of quality health education programs. This document presents Opportunity-to-Learn Standards for local education agencies, communities, state education agencies, state health agencies, national organizations, and institutions of higher education responsible for teacher preparation.

The Impact of Opportunity-to-Learn Standards

Opportunity-to-Learn Standards for each setting do not exist in isolation, but are interrelated. Successful achievement of standards for any one setting depends on the successful achievement of standards at other settings. A prime example is the relationship between funding, teacher preparation, curriculum development, instruction, and assessment. The National Health Education Standards provide a framework for a curriculum through which students practice and develop specified skills needed to select and adopt health-enhancing practices. Teacher preparation must ensure the acquisition of a repertoire of assessment methods to teach and evaluate students' knowledge and skill development. Teacher preparation, in turn, is dependent on adequate funding for staff development inservice programs for teachers and specific health education methods courses for preservice teacher candidates. Unless these types of interdependencies are recognized and accommodated, these standards will be only partially achieved.

The Opportunity-to-Learn Standards delineated in this document have strong support from both the health and education communities and were derived from recommendations and calls for action contained in numerous recently published documents including:

Promoting Health Education in Schools—Problems and Solutions (1985) by the American Association of School Administrators;

Health: You've Got to be Taught: An Evaluation of Comprehensive Health Education in American Public Schools (1989) conducted by Lou Harris and Associates, Inc., and commissioned by the Metropolitan Life Foundation;

Turning Points (1989) by the Carnegie Foundation;

Healthy People 2000 (1990) by the US Department of Health and Human Services;

Code Blue: Uniting for Healthier Youth (1990) by the National Association of State Boards of Education;

Education in today's school must focus on the needs of the whole child. The link is clear: physical, mental, and emotional good health in childhood enables life-long learning that results in a productive and enquiring adult citizenry. Health Education, with its focus on helping children learn the knowledge and skills to be healthy, can be a vital part of a basic education. It can provide a foundation for children to be alert, attentive, and ready to participate in the entire school program.

National Health Education Standards furnish the framework on which local school boards, together with their communities, can build the strongest and most-effective health education program possible for their students.

—Roberta G. Doering
President-Elect
National School Boards Association

Healthy Kids for the Year 2000: An Action Plan for Schools (1991) by the American Association of School Administrators;

School Health: Helping Children Learn (1991) by the National School Boards Association;

National Action Plan for Comprehensive School Health Education (1992) by the American Cancer Society;

Survey Report: Council of Chief State School Officers, (1993) conducted by The Gallup Organization and commissioned by the American Cancer Society;

Values and Opinions of Comprehensive School Health Education in US Public Schools: Adolescents, Parents and School District Administrators (1994) conducted by The Gallup Organization and commissioned by the American Cancer Society.

Multiple systemic barriers to implementation of quality health education programs are identified in these documents. Such barriers include, but are not limited to:

- lack of appreciation for the relationship between health status and success in academic and work performance;
- low levels of commitment by school board members and administrators;
- inadequately prepared teachers;
- insufficient funding for resources and staff development;
- overcrowded curricula with little or no time for health education;
- lack of parent and community involvement and support;
- impersonalized school environment;
- unconnected and seemingly irrelevant health instruction;
- lack of recognition of the contribution made by health education to the achievement of the academic goals of schools;
- failure to adequately document student performance in achievement of health literacy; and
- failure to make connections between health instruction and other disciplines and to the world outside the school.

OPPORTUNITY-TO-LEARN STANDARDS

For Health Education

LOCAL EDUCATION AGENCY STANDARDS

For children and youth to achieve health literacy, local education agencies must provide for:

1. collaborative planning among school personnel, students, families, related community agencies and business organizations to design, implement, and assess health instruction for health literacy.
2. the implementation of a plan, including a budget that enables students to achieve the National Health Education Standards.
3. the employment of elementary and secondary teachers professionally prepared to teach health education.
4. ongoing professional development opportunities and incentives for persons responsible for teaching health education.
5. leadership to create community awareness and support for health literacy through school health instruction.
6. collaborative teacher planning and team building across curricular areas to make connections for health education.
7. sufficient time for learning health education at the elementary and secondary levels for students to achieve the National Health Education Standards.
8. active family participation in fostering health literacy for students.
9. utilization of information technologies in the delivery of health instruction.
10. instruction based on the students' health needs, interests, strengths, and culture.
11. school policies that create a climate which promotes health literacy.
12. use of multiple assessment strategies at grades 4, 8, and 11 to determine student achievement of the National Health Education Standards.
13. monitoring of the implementation of the plan that supports student achievement of the National Health Education Standards.
14. coordination of the comprehensive health education curriculum including assessment, materials, and professional development.
15. opportunities to conduct research and program evaluation related to student achievement of health literacy.

COMMUNITY STANDARDS

For children and youth to achieve health literacy, families and community agencies must:

1. participate in planning with school personnel, students, governmental units, and business organizations in order to design, implement, and assess health instruction for health literacy.
2. support implementation of the local education agency plan, including a budget that enables students to achieve the National Health Education Standards.
3. create community awareness and support for school health instruction.
4. provide learning opportunities at home and in the community that enhance and reinforce student achievement of the National Health Education Standards.
5. support instruction based on the student's health needs, interests, strengths, and culture.
6. foster community programs that create a climate to promote child and adolescent health and health literacy.
7. adopt public policies and social marketing programs advocating health literacy for all children, youth, and families.
8. provide opportunities and incentives for ongoing health education for families, school personnel, and community members who work with children and youth.
9. monitor implementation of the school plan that supports student achievement of the National Health Education Standards.

STATE EDUCATION AGENCY AND STATE DEPARTMENT OF HEALTH STANDARDS

For children and youth to achieve health literacy, state education agencies and state health agencies must collaborate to:

1. support planning at the state and local levels to achieve quality health instruction in schools.
2. implement a state plan and budget supporting schools in their efforts to help children achieve the National Health Education Standards.
3. establish health education as a core academic subject.
4. employ professionally prepared school health educators within state agencies to provide leadership and assistance to local schools and communities.
5. require adequate preservice professional preparation of all elementary teachers to teach toward the National Health Education Standards.
6. require health instruction at the middle school/junior high and high school levels be taught by professionally prepared school health educators.
7. provide opportunities and incentives for ongoing professional development for teachers and other staff responsible for health education.
8. increase community commitment to school health education.
9. provide state mandates to ensure adequate instructional time at the elementary and secondary levels for students to achieve the National Health Education Standards.
10. develop state guidelines to assist schools in implementing instruction based on relevant health needs, interests, strengths, and risks of students, families, and communities.
11. adopt public policies and social marketing programs advocating health literacy for all children, youth, and families.

12. develop guidelines to assist schools with the assessment of student progress in achieving the National Health Education Standards and Performance Indicators at grades 4, 8, and 11.

13. develop guidelines to assist schools in assessing the implementation of their plans to enable students to achieve the National Health Education Standards.

14. include health education concepts on the state teachers' examinations.

15. support and facilitate the use of information technologies in the delivery of health instruction in schools.

INSTITUTIONS FOR HIGHER EDUCATION PREPARATION STANDARDS

For children and youth to achieve health literacy, teacher preparation institutions will:

1. implement a plan and budget supporting professional preparation that prepares teachers to enable students to achieve the National Health Education Standards.
2. provide health instruction programs directed by professionally prepared and experienced school health educators.
3. prepare future school health educators consistent with the responsibilities and competencies specified by the National Commission on Health Education Credentialing, Inc.
4. prepare future elementary and middle school teachers as specified in the AAHE/ASHA Health Instruction Responsibilities and Competencies for Elementary Classroom Teachers.
5. provide leadership which will create public awareness and support for health education in schools.
6. provide professional development incentives and opportunities for college and university faculty responsible for preparing teachers to help students achieve the National Health Education Standards.
7. prepare future teachers to make health education connections across the curriculum.
8. include content which addresses health needs, interests, and strengths of culturally diverse populations in professional preparation programs.
9. provide leadership in health education, research, and evaluation.
10. prepare future teachers to assess student achievement of the National Health Education Standards.
11. monitor the institution's implementation of the Institution for Higher Education Teacher Preparation Standards.
12. prepare administrators and other key school personnel to implement health education programs in school.
13. prepare future teachers to use teaching methods which incorporate information technologies in health instruction.

NATIONAL ORGANIZATION STANDARDS

For children and youth to achieve health literacy, national education agencies and organizations must collaborate to:

1. include health education as a core academic subject in Goals 2000: Educate America Act.
2. support certification of the National Health Education Standards by the National Education Standards and Improvement Council.
3. include health education concepts in national teacher examinations.
4. foster public policies advocating health literacy for all children and youth.
5. adopt a national plan and budget to support schools, communities, and state and local agencies in their efforts to help children achieve the National Health Education Standards.
6. develop guidelines for assessment of student progress in achieving the National Health Education Standards.
7. adopt a national plan and budget to support institutions of higher education that prepare teachers to implement the National Health Education Standards.
8. support research in health education.
9. employ professionally prepared health educators within national health and education agencies and organizations.

PROCESS AND PREMISES FOR DEVELOPING STANDARDS

Process for Developing Standards

In June 1992, representatives from 38 national health, education, and social service organizations met under the leadership of the American Cancer Society (ACS). The result of that meeting was the National Action Plan for Comprehensive School Education. The plan discussed the need for educational outcomes and standards for health education in schools and outlined a method for developing standards. A review of the plan by the Board of Directors of the Association for the Advancement of Health Education (AAHE) in October 1992, resulted in a proposal requesting funds to develop national health education standards. ACS agreed to fund the AAHE proposal in January 1993. The Joint Committee for National Health Education Standards was formed and met in July 1993. The Standards were developed through a broad-based consensus process over an 18-month period.

Committee Structure to Develop the Standards

The Joint Committee on National Health Education Standards consisted of professionals working in local education agencies, state education agencies, institutions of higher education, and national health and education organizations. It included representatives from the following organizations:

- Association for the Advancement of Health Education;
- American Public Health Association;
- American School Health Association;
- Society of State Directors of Health, Physical Education, and Recreation.

In addition, liaisons were established with the following agencies and organizations:

- Division of Adolescent and School Health/US Centers for Disease Control and Prevention;
- US Department of Education
- Alliance for Curriculum Reform; and
- Council of Chief State School Officers (CCSSO)/State Collaborative Assessment of Student Standards (SCASS)

Building Consensus in Comments and Review

The first draft of the National Health Educations Standards was reviewed by health and education professionals, local and state education agencies, state health agencies, university faculty, and professional organizations. Reviewers' contributions and comments were incorporated into subsequent drafts. A second external review included students, parents, community members, and professionals from health and education organizations. Further input was received from hearings held at state and national professional conferences. Reviewers' comments were incorporated into the final draft of the National Health Education Standards. In addition, ongoing review and input was provided by the CCSSO/SCASS health education assessment project team.

Underlying Criteria for Standards Development

Members of the Joint Committee closely followed the United States Department of Education's criteria for national content standards projects and the National Council on Standards and Testing's recommendations. Writers also adhered to the review criteria recommended by the Technical Planning Group for the National Education Goals Panel. These criteria were followed so that the National Health Education Standards would be consistent with the other nationally developed content standards and could be submitted for national certification.

Schools offer a natural locus for the provisions of crosscutting educational interventions in health and studies have shown that school health education is an effective means of helping children improve their health knowledge and develop attitudes that facilitate healthier behaviors.

—US Department of Health and Human Services

Support Documents in Developing the Standards

The Joint Committee drew upon documents from other disciplines as well as state health education materials. The Standards evolved from the health education profession's current thinking about what constitutes grade-appropriate and challenging content and performance expectations for students. The grade levels for which Performance Indicators are set forth (4, 8, and 11) are the same grades in which NAEP tests students nationwide with the exception of

grade 11. Standards were written for grade 11 instead of grade 12 to allow for time for remediation before completion of high school and because the majority of health education instruction at the high school level occurs in grades 9 and 10.

Using Input from States to Craft National Standards

The Joint Committee requested curriculum documents from all states and reviewed the documents that were received. The review revealed consensus from states on the four broad themes of critical thinker and problem solver; responsible, productive citizen; self-directed learner; and effective communicator. In addition, many of the Performance Indicators are based on those found in the state documents.

Determining Parameters for Development

The Joint Committee on National Health Education Standards established parameters before developing content standards and Performance Indicators. Specifically, National Standards and Performance Indicators should:

- focus on the health of individuals, families, and communities
- focus on mental, emotional, physical, and social dimensions of health
- emphasize cognitive as well as personal-social skill development
- emphasize positive health promotion as well as problem/illness perspectives
- focus on health applications
- include the traditional content areas of health education
- include the six adolescent risk behaviors identified by the US Centers for Disease Control and Prevention
- focus on higher levels of learning
- provide a framework for curriculum development, instruction, and assessment.

Assumptions Related to the Standards

In developing the National Standards, the Joint Committee operated with the following set of assumptions:

- Good health and academic achievement are inseparable.
- Health literacy enables individuals to successfully achieve life goals.

- All students, regardless of physical or learning challenges, deserve the opportunity to achieve health literacy.
- Sufficient instructional time is needed for students to develop health literacy.
- Health education emphasizes concepts and the ability to perform health-related skills and de-emphasizes the memorization of facts.
- Students need the ability to access, evaluate, and apply health information.
- Health literacy is a process through which students engage in cooperative and active learning strategies.
- Students need opportunities to learn and practice health skills and to have healthy behaviors reinforced.
- State and local curriculum planners develop curricula based upon local health needs.
- Health education emphasizes the use of technology to access multiple sources of health information.
- Health education emphasizes health promotion and disease prevention concepts while de-emphasizing human anatomy and physiology.
- Health literacy is measured by performance and authentic assessment.
- Health literacy leads to a reduction in health care costs.
- Health literacy contributes to healthy and productive citizens.

Order of Standards

The National Health Education Standards are organized on separate pages with a listing of performance indicators at grades 4, 8, and 11. The order of Standards and Performance Indicators do not indicate a level of importance or a level of emphasis in the health education curriculum.

Perspectives on Health

Health education is often construed as changing negative behavior to reduce negative health outcomes. Using the National Health Education Standards will balance this perspective by emphasizing development and maintenance of healthy behavior and promotion of personal, family, and community health throughout the school experience. Significant focus on health promotion in early child

development should lead to reduced need for trying to change negative behavior later in life.

Dimensions of Health

The National Health Education Standards focus on the comprehensive nature of health. This includes the mental, emotional, social, and physical dimensions of health. A quality health education curriculum should balance the focus on these four dimensions of health.

Issues of Reasonableness

Education standards embody the knowledge and skills students should acquire by specified grade levels. Standards in all content areas, including health education, need to meet two criteria of reasonableness.

- Standards must be written so that they clearly indicate the knowledge and skills students can be expected to exhibit through classroom activities and homework assignments.
- Standards must be written so that the knowledge and skills inherent in them can be assessed.

Health education must adhere to an additional criteria of reasonableness related to student engagement in health behavior. Students' health-enhancing behaviors should be voluntary. In addition, their engagement in health-enhancing behaviors may be limited by factors beyond their control (e.g., most students do not determine the groceries that are brought into the home nor the violence shown on television).Therefore, it is inappropriate to require students to behave in health-positive ways for the purposes of grading. That is, a student should not have a grade in health reduced because s/he is seen smoking in the school parking lot or because s/he buys french fries to eat at lunch. For this reason, several of the National Health Education Standards include the phrase "will demonstrate the ability to." It is believed reasonable to expect students to demonstrate the ability to utilize health skills and adopt health-enhancing behavior during classroom activities and through homework assignments. The choice and opportunity to employ these skills in their lives outside of school is influenced by factors beyond the school's control.

This does not mean that health classroom activities and homework assignments cannot provide incentives for students to behave

in health-enhancing ways. It is appropriate to include assignments that ask students to participate in voluntary behavior change. For example, students may choose the behavior they would like to change and be graded on their perceptions of the process and a critique of their actions toward achieving a goal rather than their success at changing their behavior. It is also appropriate to provide extra credit incentives for participation in health-enhancing activities such as community volunteer work. Furthermore, students could include evidence of participation in health-enhancing activities in their personal portfolios.

> *When I'm in high school and all my friends have tried it, I might have one cigarette. But, I hope I won't get addicted or anything.*
>
> ***—Middle school boy, age 12***

This also does not mean that schools cannot enforce sanctions on students who violate school policies that are health-related. While the health grade should not be reduced for smoking in the parking lot, it is appropriate to suspend, require participation in community service, require attendance at a quit smoking program and/or apply other penalties. The same is true for use of alcohol and other drugs, reckless behavior that jeopardizes the safety of others, and threatening or aggressive behavior such as fighting and assault. In fact, it is the obligation of the school to enforce such sanctions to protect the health, safety, and well-being of students and school personnel alike.

Level of Student Performance

The Joint Committee subscribed to the principle that true learning occurs when students function at all levels of the cognitive domain. It was agreed that primary grade students can learn at the higher levels of the cognitive domain if instructional and assessment strategies are age appropriate. Performance Indicators were focused on application, analysis, synthesis, and evaluation as well as knowledge and comprehension.

Personal-Social Skills Development

The Joint Committee recognized the development of a range of personal and social skills as essential to enhancing the health behavior of students. For that reason, selected Performance Indicators also focus on student development of critical personal and social skills. The development of both cognitive as well as personal-social skills helps to empower students to live healthier lives.

CONCLUSIONS AND RECOMMENDATIONS

The Joint Committee on National Health Education Standards recognizes that the development of the Health Education Standards and Performance Indicators is the first of several steps in the journey toward health literacy in the United States. National Standards which lead to health literacy require seven components:

1. standards that frame the dimensions of health instruction and provide broad definitions of what health-literate students should know and be able to do;

2. Performance Indicators that lead to the achievement of the National Health Education Standards;

3. development of health education curricula built on the National Health Education Standards;

4. delivery of health education based upon the National Health Education Standards;

5. assessment strategies linked to the achievement of health literacy.

6. staff and professional development activities related to the achievement of health literacy.

7. systemic changes indicated by the Opportunity-to-Learn Standards.

> *I know everything that I know about health and I don't know if there is more to learn. Well, if there is more, I'd like to learn it.*
>
> *—Elementary school girl, age 8*

The Joint Committee for National Health Education Standards has developed the first two components. Development of curricula and delivery of instruction is the responsibility of state and local education agencies. The assessment component is under the direction of the State Collaborative Assessment of Student Standards (SCASS) Health Education Project conducted by the Council of Chief State School Officers (CCSSO), with funding from the US Centers for Disease Control and Prevention and participating state education agencies.

The Joint Committee for National Health Education Standards also developed the Opportunity-to-Learn Standards. These standards delineate avenues for schools, communities, state education and health agencies, institutions of higher education, and national organizations to support health literacy. The Opportunity-to-Learn Standards identify broad areas of activities for preservice and inservice professional development related to the attainment of

health literacy for institutions of higher education (IHE), state health agencies (SHA), and state education agencies (SEA). In addition, the Joint Committee for National Health Education Standards recommend the following professional development activities:

- implementation and evaluation of curricula for teaching IHE, SHA, and SEA personnel to provide preservice and inservice teacher training related to the National Health Education Standards and Performance Indicators;
- implementation, and evaluation of preservice and inservice teacher education curricula focusing on the teaching and assessment of health skills for students.

The Opportunity-to-Learn Standards also identify policies related to the achievement of health literacy for schools, communities, state education and health agencies, institutions of higher education, and national organizations. These include policies which require:

- employment of professionally prepared health education personnel;
- establishment of health education plans at the local and state levels;
- local and state assessment of student achievement in health literacy;
- allocation of financial and other resources for health education activities, and
- establishment of minimal time requirements for health instruction.

As schools and communities proceed to work with the National Health Education Standards, they can contact any of the agencies listed in the reference section of the Attachments for additional information and, in some cases guidance in implementing the Standards. Central to this assistance will be contact with the agencies whose representatives served on the Joint Committee:

- Association for the Advancement of Health Education;
- American Public Health Association;
- American School Health Association;
- Society of State Directors of Health, Physical Education, and Recreation.

NATIONAL HEALTH EDUCATION STANDARDS

Attachments

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TIMELINE OF EVENTS

For the Development of Standards and Performance Indicators

July 1992: Discussion of the need to form a Joint Committee for National Health Education Standards.

Oct. 1992: American Cancer Society agrees to fund the Committe for National Health Education Standards administered by the Association for the Advancement of Health Education.

Joint Committee Membership includes representatives of:

- American Cancer Society
- Association for the Advancement of Health Education
- American Public Health Association
- American School Health Association
- Society of Directors of Health, Physical Education and Recreation

July 1993: First Meeting: Joint Committee for National Health Education Standards. Plan, activities, and timeline established.

July-Sept. 1993: Gathering state health education documents and standards documents from other disciplines.

July 1993: Presentation and review of health education National Standards development agenda and timeline to the Council of Chief State School Officers (CCSSO)/State Collaborative Assessment of Student Standards (SCASS) Health Education Project and the Alliance for Curriculum Reform.

Oct. 1993: Subcommittee for Content Standards and Performance Indicators meets to review state documents. Organizing elements identified and first draft of Content Standards developed.

Dec. 1993: Second Meeting: Joint Committee for National Health Education Standards. Writing continues in two subcommittees.

Jan. 1994: Subcommittee for Content Standards and Performance Indicators meets. Writing continues.

Feb. 1994: Established Committee liaison with the CCSSO/SCASS Health Education Project.

Mar. 1994: Subcommittee for Content Standards and Performance Indicators meets. Writing continues.

Mar. 1994: Committee representatives meet with the CCSSO/SCASS Health Education Project.

Mar. 1994: Presentation of Standards (in draft form) to Association for Supervision and Curriculum Development (ASCD).

April 1994: Third Meeting: Joint Committee for National Health Education Standards. Presentation and review of draft document to AAHE membership. Writing continues.

April 1994: Subcommittee for Opportunity-to-Learn Standards meets. First draft of Model Opportunity-to-Learn Standards developed.

May 1994: Subcommittee on Content Standards and Performance Indicators meets. Writing continues.

May 1994: Committee representatives meet with the CCSSO/SCASS Health Education Project.

June 1994: Release of first draft and review of draft Standards and Performance Indicators at the US Centers for Disease Control and Prevention Annual National School Health Leadership Conference.

June 1994: Presentation and review copies provided to representatives of the organizations serving on the National School Health Coordinating Committee.

June 1994: Presentation and review of draft Standards and Performance Indicators by the CCSSO/SCASS Committee.

June 1994: National review of draft Standards and Performance Indicators within the health education profession via mail. Draft of National Standards and Performance Indicators mailed to:

National Health and Education Organizations

- Council of Chief State School Officers
- Office of Disease Prevention and Health Promotion
- Coalition of National Health Education Organizations
- Society of State Directors of Health, Physical Education, and Recreation
- National Association of State Boards of Education
- American Psychological Association

224 University professional preparation programs.

30 Individuals at their request

All State and Territorial Education Agencies

All State and Territorial Health Agencies

The members of the Association for the Advancement of Health Education, the American School Health Association were given an opportunity to review the draft Standards through a notice in their organization newsletter.

In addition, presentations and reviews were conducted at seven state meetings of health education professionals.

Aug. 1994: Presentation and review of draft Standards and Performance Indicators to the Delegates of the International Union for Health Promotion and Education, Mombasa, Kenya

Sept. 1994: Presentation to and review of draft National Standards and Performance Indicators by the CCSSO/SCASS Health Education Project.

Sept. 1994: Fourth Meeting: Joint Committee for National Health Education Standards Meeting. Review of comments from individuals and organizations. Recommendations incorporated into draft.

Sept. 1994: Subcommittee for Content Standards and Performance Indicators meets to review and incorporate recommendations into new draft. Prepares documents for second national review.

Sept. 1994: Second National review. Revised draft of National Standards and Performance Indicators and draft of Opportunity-to-Learn Standards mailed to:

- Alliance for Curriculum Reform
- American Academy of Pediatrics
- American Association of Retired Persons
- American Association of School Administrators
- American Cancer Society Divisions, Staff and Volunteer Leadership
- American College Health Association
- American Federation of Teachers
- American Health Foundation
- American Heart Association
- American Lung Association
- American Medical Association
- American Public Health Association
- American School Food Service Association
- American School Health Association
- Association for Teacher Education Health Advisory Committee
- Association for the Advancement of Health Education
- Association for Supervision and Curriculum Development
- Association of Colleges and Schools of Education in State Universities and Land Grant Colleges and Affiliated Private Universities
- Association of State and Territorial Directors of Public Health Education
- Coalition of National Health Education Organizations
- Council of Chief State School Officers
- Directors of Health Education: State Health Agencies
- Director of Health Education: State Education Agencies

- March of Dimes
- National Alliance of Black School Educators
- National Association for Equal Opportunity in Higher Education
- National Association of Elementary School Principals
- National Association of School Nurses
- National Association of Secondary School Principals
- National Association of State Boards of Education
- National Center for Health Education
- National Coalition of Hispanic Health and Human Services
- National Coordinating Committee
- National Education Association
- National Parent Teacher Association
- National School Boards Association
- National School Health Coalition
- Office of Disease Prevention and Health Promotion
- Society for Public Health Education
- Society of State Directors of Health, Physical Education, and Recreation
- State National Parent Teacher Association (PTA) Presidents
- State and District AAHPERD Vice Presidents for Health Education
- The Council of Great City Schools
- US Centers For Disease Control and Prevention: Division of Adolescent Health
- US Department of Agriculture
- US Department of Education

506 Individuals at their request

Oct. 1994: Presentation and opportunity for review by membership of the American School Health Association.

Nov. 1994: Presentation and opportunity for review by membership of the School Health Education and Services Section of the American Public Health Association.

Dec. 1994: Fifth Meeting: Joint Committee for National Health Education Standards meets to incorporate recommendations into final revision of the National Health Education Standards, Performance Indicators, and Opportunity-to-Learn Standards.

Dec. 1994: Draft of complete National Health Education Standards document compiled and submitted to entire Committee for review.

Jan. 1995: Final draft of Standards document prepared.

May 1995: National Health Education Standards and Opportunity-to-Learn Standards released for implementation.

MAKING TIME IN THE SCHOOL DAY FOR HEALTH INSTRUCTION

There has been an impression that school health education and similar "non-academic" subjects are taking so much time in the school day that there is little time left for "academic" subjects (National Education Commission on Time and Learning, 1994). The fact of the matter is that the annual average number of hours spent on health education in US Public Schools is 13.8 (Seffrin, 1994). At the secondary level students receive an average of 9 minutes per day of health instruction.

According the National School Boards Association (1991), the amount of time needed for effective health instruction has been well established.

"A study sponsored by the US Department of Health and Human Services shows that 1.8 hours of instruction per week (based on a six-hour school day) will produce measurable increases in student knowledge gain and improved attitudes about health, as well as stimulating some behavioral change. Other supporting research has shown that health knowledge begins to increase after 15 hours, particularly in grades 4 to 7. Forty-five to 50 hours are needed to begin to affect attitudes and practices, with maximal learning and attitude/behavior changes occurring after about 60 hours of instruction in a given year.

The goal currently recommended by health educators is 50 hours of classroom instruction per school year, K through 12, to achieve minimal effectiveness. When viewed from a daily perspective, that is not as overwhelming as it may sound: Fifty hours equals about 22 minutes per school day."

A comparison of the amount of time spent on health instruction and the amount of time required to deliver effective health instruction demonstrates a great chasm between the actual and the ideal. Given the tremendous health challenges that our children and youth face on a regular basis plus the enormous negative impact of poor health on the US economy, it is clearly in the public interest to determine a way for all public school students to receive adequate health instruction. Health education can contribute considerably to the attainment of traditional academic goals.

Technology and Time

According to the National Education Commission on Time and Learning (1994), "Technology is a great unrealized hope in education reform. It can transform learning by improving both the effectiveness of existing time and making more time available for self-guided instruction, both in school and out." Use of information technology by health education students is the clear intent of the National Health Education Standards which expect "students to demonstrate the ability to access health information" and school districts to "provide for utilization of information technologies in the delivery of health instruction."

Today's students will be called on to make numerous health-related decisions in their lifetimes. They must do this in an environment in which they are bombarded with health information, much of which is incomplete or inaccurate. In order to resolve inconsistencies in health information and make the best informed decisions, students will first need to be able to identify credible information sources. They will then have to use technology to gather the most current and accurate information from those sources prior to making decisions and taking action. Not only is use of technology important for saving learning time, it is an essential lifelong health literacy skill.

Curriculum Integration

Making Connections and Saving Time

A number of remedies for solving the school daytime problem have been proposed including lengthening of the school day and school year. Adoption of standards across curricular areas which contribute to the overall goals of schooling can be a step in that direction if the content area specialists devising standards are realistic and judicious in defining standards and performance indicators. Another strategy for saving time even if the school day and year are not lengthened is curriculum integration. The National Health Education Standards illustrate the potential to make connections quite naturally among subjects taught so as to affirm connections from early childhood education through middle school and on to the end of high school. Furthermore, curriculum integration can help students make connections between health content and generic skills (e.g., critical thinking, decision making, etc.) and

health content and literacy and numerical skills. This integration of other subjects, within health education however, is intended to support, rather than replace, instruction related to the development of health literacy.

Curriculum integration can be especially useful at the elementary school level. The health education curriculum can contribute to the important tasks of teaching language arts skills (reading, writing, listening, and speaking) and mathematics.

As indicated in the standards, the health education curriculum is specifically intended to teach the interpersonal and conflict management skills students need to "get along." These skills are grounded in listening and speaking at the personal level. Numerous high-quality books with health themes have been written (Symons and Manna, 1993) and can be incorporated into the elementary reading program so that reading and health are taught simultaneously. Health also affords students many opportunities to write about a topic of high interest to them—their personal growth and development. In addition, students can apply the mathematical processes of weighing, measuring, charting, graphing, estimating, and computing in conjunction with health lessons.

Much the same is true at the middle and high school levels. The National Health Education Standards establish several commonalities with other content areas such as language arts, social studies, and science. Clearly, language arts skills are required for students to be able to access and evaluate health information. Both language arts and civics skills are involved in community advocacy for health. Activities in these subjects can be completed in conjunction with health education (e.g., students write an argumentative paper on controversial health topic during a health class) and/or as supplemental to the health curriculum (e.g., students study the public policy implications of an issue first introduced in health education during a US Government course). Health education also lends itself to inclusion with other content areas in thematic units, especially those related to topics such as transitions, critical thinking, goal setting, decision making, school as a community, career development, applications of technology, multicultural understanding, life skills, ecology, and others.

Time is a key factor in curriculum integration for teachers as well as students. Today it is common for elementary teachers to be given

the responsibility of teaching multiple subject-specific curricula within very limited time frames. This challenge requires constant balancing of curriculum focus and integration of content and concepts. Secondary teachers may teach only one or two subjects, but these, too, are most often taught in isolation. In order to use student time more effectively, teachers need time themselves to meet, identify connections across subject area curricula, including health education, and plan integrations within grade levels and across grade levels.

STATEMENT OF EDUCATION AND HEALTH FROM JOINT SECRETARIES

JOINT STATEMENT ON SCHOOL HEALTH

by

The Secretaries of Education and Health and Human Services

Health and education are joined in fundamental ways with each other and with the destinies of the Nation's children. Because of our national leadership responsibilities for education and health, we have initiated unprecedented cooperative efforts between our Departments. In support of comprehensive school health programs, we affirm the following:

- ***America's children face many compelling educational and health and developmental challenges that affect their lives and their futures.***

  These challenges include poor levels of achievement, unacceptably high drop-out rates, low literacy, violence, drug abuse, preventable injuries, physical and mental illness, developmental disabilities, and sexual activity resulting in sexually transmitted diseases, including HIV, and unintended pregnancy. These facts demand a reassessment of the contributions of education and health programs in safeguarding our children's present lives and preparing them for productive, responsible, and fulfilling futures.

- ***To help children meet these challenges, education and health must be linked in partnership.***

  Schools are the only public institutions that touch nearly every young person in this country. Schools have a unique opportunity to affect the lives of children and their families, but they cannot address all of our children's needs alone. Health, education, and human service programs must be integrated, and schools must have the support of public and private health care providers, communities, and families.

- ***School health programs support the education process, integrate services for disadvantaged and disabled children, and improve children's health prospects.***

  Through school health programs, children and their families can develop the knowledge, attitudes, beliefs, and behaviors necessary to remain healthy and perform well in school. These learning environments enhance safety, nutrition, and disease prevention, encourage exercise and fitness, support healthy physical, mental, and emotional development, promote abstinence and prevent sexual behaviors that result in HIV infection, other sexually transmitted diseases, and unintended teenage pregnancy, discourage use of illegal drugs, alcohol, and tobacco, and help young people develop problem-solving and decision-making skills.

- ***Reforms in health care and in education offer opportunities to forge the partnerships needed for our children in the 1990s.***

  The benefits of integrated health and education services can be achieved by working together to create a "seamless" network of services, both through the school setting and through linkages with other community resources.

- ***GOALS 2000 and HEALTHY PEOPLE 2000 provide complementary visions that, together, can support our joint efforts in pursuit of a healthier, better educated Nation for the next century.***

  GOALS 2000 challenges us to ensure that all children arrive at school ready to learn; to increase the high school graduation rate; to achieve basic subject matter competencies; to achieve universal adult literacy; and to ensure that school environments are safe, disciplined, and drug free. HEALTHY PEOPLE 2000 challenges us to increase the span of healthy life for the American people, to reduce and finally to eliminate health disparities among population groups, and to ensure access to services for all Americans.

In support of GOALS 2000 and HEALTHY PEOPLE 2000, we have established the Interagency Committee on School Health co-chaired by the Assistant Secretary for Elementary and Secondary Education and the Assistant Secretary for Health, and we have convened the National Coordinating Committee on School Health to bring together representatives of major national education and health organizations to work with us.

We call upon professionals in the fields of education and health and concerned citizens across the Nation to join with us in a renewed effort and a reaffirmation of our mutual responsibility to our Nation's children.

Richard W. Riley
Secretary of Education

Donna E. Shalala
Secretary of Health and Human Services

GLOSSARY OF TERMS

ADOLESCENT RISK BEHAVIORS—Behaviors identified by the US Centers for Disease Control and Prevention as being the most influential in the health of our nations' youth. These behaviors include avoidance of: 1) tobacco use; 2) dietary patterns that contribute to disease; 3) sedentary lifestyle; 4) sexual behaviors that result in HIV infection/other STDs and unintended pregnancy; 5) alcohol and other drug use; and 6) behaviors that result in unintentional and intentional injuries.

COMPREHEND—to grasp mentally; to understand or intellectually embrace.

CRITICAL THINKER AND PROBLEM SOLVER—Health-literate individuals are critical thinkers and problem solvers who identify and creatively address health problems and issues at multiple levels, ranging from personal to international. They use a variety of sources to access the current, credible, and applicable information required to make sound health-related decisions. Furthermore, they understand and apply principles of creative thinking along with models of decision making and goal setting in a health-promotion context.

EFFECTIVE COMMUNICATOR—Health-literate individuals who organize and convey beliefs, ideas and information about health through oral, written, artistic, graphic, and technologic mediums are effective communicators. They create a climate of understanding and concern for others by listening carefully and responding thoughtfully and presenting a supportive demeanor which encourages others to express themselves. They conscientiously advocate for positions, policies, and programs that are in the best interest of society and intended to enhance personal, family, and community health.

HEALTH EDUCATION STANDARDS—Standards specify what students should know and be able to do. They involve the knowledge and skills essential to the development of health literacy. That "knowledge" includes the most important and enduring ideas, issues and concepts in health education. Those "skills" include the ways of communicating, reasoning, and investigating which characterize health education. Health education standards are not merely facts, rather, they identify the knowledge and skills students should master to attain a high level of competency in health education.

HEALTH LITERACY—Health literacy is the capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which are health enhancing.

INSTITUTION FOR HIGHER EDUCATION—A college or university that awards undergraduate degrees and that may include programs of professional preparation for teachers.

LOCAL EDUCATION AGENCY—The organization that has the responsibility for overseeing the public education of students within a community.

OPPORTUNITY-TO-LEARN STANDARDS—Descriptors that identify policies, resources, and activities to enable schools, communities, institutions of higher education and state and national education agencies to support the implementation of the National Health Education Standards.

PERFORMANCE INDICATOR—Specific concepts and skills which 4th, 8th, and 11th grade students should know and be able to do to achieve the National Health Education Standards. They are intended to help educators focus on the essential knowledge and skills basic to the development of health-literate students. The performance indicators serve as a blueprint for organizing student assessment.

RESPONSIBLE, PRODUCTIVE CITIZEN—An individual who realizes their obligation to ensure that their community is kept healthy, safe, and secure so that all citizens can experience a high quality of life. They also realize that this obligation begins with self. That is they are responsible individuals who avoid behaviors which pose a health or safety threat to themselves and/or others or an undue burden on society. Finally, they apply democratic and organizational principles in working collaboratively with others to maintain and improve individual, family, and community health.

SCHOOL HEALTH EDUCATION—School health education is one component of the comprehensive school health program which includes the development, delivery, and evaluation of a planned instructional program and other activities for students pre-school through grade 12, for parents and for school staff, and is designed to positively influence the health knowledge, attitudes, and skills of individuals.

SCHOOL HEALTH EDUCATOR—A school health educator is a practitioner who is professionally prepared in the field of school health education, meets state teaching requirements, and demonstrates competence in the development, delivery, and evaluation of curricula for students and adults in the school setting that enhance health knowledge, attitudes, and problem-solving skills.

SELF-DIRECTED LEARNER—Health-literate individuals are self-directed learners who have a command of the dynamic, changing health promotion and disease prevention knowledge base. They use literacy, numeracy, and critical thinking skills to gather, analyze, and apply health information as their needs and priorities change throughout life. They also apply interpersonal and social skills in relationships to learn from and about others and, as a consequence, grow and mature toward high-level wellness.

STATE EDUCATION AGENCY—The department of state government that has the responsibility for overseeing the public education of students within the state.

STATE HEALTH AGENCY—The department of state government that has the responsibility for recording and overseeing the health of citizens within the state.

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I can't tell you enough how great I feel about myself. I can't stress enough now how important good health is, I watch everything I eat and drink.

High school boy, age 16

At the first of the year I didn't like myself very much, but now that my health teacher showed me I'm special and I'm somebody, I love myself and will make the most of myself.

Middle school boy, age 13

I really learned a lot. I learned about good nutrition and that was my favorite! There is not a good diet except for a well-balanced *diet!*

Middle school girl, age 14

I have cut out some of the bad habits I used to have and I think that it has sort of affected everyone who hangs around with me.

Middle school girl, age 14

Health has made people think about what's right to do and what's wrong. And everyday when I'm faced with a decision, I think.

High school girl, age 15

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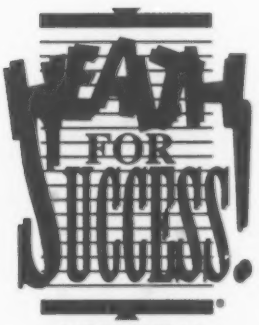

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